

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

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Information regarding Speech Therapy and Audiology Services may be found at:

- Regulations:[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-23.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-23.pdf)
- [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-14.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-14.pdf)
- Provider Bulletins: [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx)

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$36.18	\$15.08
00092521		Evaluation of speech fluency				\$103.60	

						NON- FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00092522		EVALUATION OF SPEECH SOUND PRODUCTION				\$88.61	
00092523		Evaluation of speech sound production with evaluation of language comprehension and expression				\$179.90	
00092524		Behavioral and qualitative analysis of voice and resonance				\$85.67	
00092526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING		REQUIRES DOCUMENTATION INCLUDING DR. ORDER.		\$44.22	\$26.70
00092540		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC				\$14.47	
00092550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS				\$14.07	
00092551		SCREENING TEST, PURE TONE, AIR ONLY				\$14.07	
00092552		PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY				\$14.07	
00092553		PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE				\$20.10	
00092555		SPEECH AUDIOMETRY THRESHOLD;				\$10.05	
00092556		WITH SPEECH RECOGNITION				\$20.10	
00092557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL & SPEEC RECOG				\$44.22	\$41.08
00092558		EVOLED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOLED OTOACOUSTIC EMISSIONS), AUTOMATED AN				\$16.08	
00092559		AUDIOMETRIC GROUP TESTING				\$14.07	
00092560		BEKESY AUDIOMETRY, SCREENING				\$8.04	
00092561		BEKESY AUDIOMETRY; DIAGNOSTIC				\$16.08	
00092562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL				\$6.03	
00092563		TONE DECAY TEST				\$6.03	
00092564		SHORT INCREMENT SENSITIVITY INDEX				\$6.03	
00092565		STENGER TEST, PURE TONE				\$6.03	
00092567		TYMPANOMETRY (IMPEDANCE TESTING)		REQUIRES DOCUMENTATION		\$13.50	\$11.62
00092568		ACOUSTIC REFLEX TESTING; THRESHOLD				\$8.04	

						NON- FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00092570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TES		REQUIRES DOCUMENTATION		\$16.08	\$15.16
00092571		FILTERED SPEECH TEST				\$6.03	
00092572		STAGGERED SPONDAIC WORD TEST				\$6.43	
00092575		SENSORINEURAL ACUITY LEVEL TEST				\$6.43	
00092576		SYNTHETIC SENTENCE IDENTIFICATION TEST				\$6.43	
00092577		STENGER TEST, SPEECH				\$6.43	
00092579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)				\$28.14	\$25.80
00092582		CONDITIONING PLAY AUDIOMETRY				\$12.06	
00092583		SELECT PICTURE AUDIOMETRY		REQUIRES DOCUMENTATION		\$12.06	
00092584		ELECTROCOCHLEOGRAPHY				\$54.27	
00092585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$120.60	
00092585	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$24.12	
00092586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED				\$108.54	
00092586	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CNS, LIMITED (PROFESSIONAL COMPONENT ONLY)				\$20.10	
00092587		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$48.24	
00092587	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$12.06	
00092588		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC				\$70.35	

						NON- FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY					
00092588	TC	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$50.25	
00092588	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$20.10	
00092590		HEARING AID EXAMINATION AND SELECTION; MONAURAL				\$44.22	
00092591		BINAURAL				\$66.33	
00092592		HEARING AID CHECK; MONAURAL				\$16.08	
00092593		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91. ENTERED 3-1-91)				\$24.12	
00092594		ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL				\$16.08	
00092595		BINAURAL(INTERNAL PRICING PRIOR TO 1-1-91 ENTERED 2-2-91)				\$24.12	
00092596		EAR PROTECTOR ATTENUATION MEASUREMENTS				\$24.12	
00092597		EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH				\$84.42	\$50.06
00092601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING				\$71.15	\$64.53
00092602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING				\$49.44	\$41.78
00092603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING				\$47.03	\$42.42
00092604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING				\$31.35	\$27.12
00092605		EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION		REQUIRES DOCUMENTATION		\$31.35	

						NON- FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		DEVICE, FACE-TO-FACE WITH THE PATIENT;					
00092606		THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION		REQUIRES DOCUMENTATION		\$31.35	
00092607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR				\$66.73	
00092608		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE (LIST SEP. IN ADD.TO CODE FOR PRIMARY PROC.)(30 MIN UNIT OF SVS)				\$14.47	
00092609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION				\$33.36	
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION		MEDICAL REVIEW REQUIRED		\$70.35	\$43.33
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$70.35	
00092700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION AND INVOICE			